

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

01-011

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.10

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 \$ -0-
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A.4.a. through 11.b, Program Description (in total), 3.1-A.12, and Supplement 3 to Attachment 3.1-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A.4.a. through 11.b, Program Description (in total, which includes removing "Supplement 1 to Attachment 3.1A4.b.vi.j." and "Supplement 1 to Attachment 3.1-A and 3.1-A.12b"), 3.1-A.12, and Supplement 3 to Attachment 3.1-A (P+I)
Attachment to Attachment 3.1A 7C(1)

10. SUBJECT OF AMENDMENT:

This transmittal cleans up portions of Attachment 3.1-A in numerical and reference issues.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

9-27-01

16. RETURN TO:

Joseph R. Brunson, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 28 2001

18. DATE APPROVED:

OCT 29 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL -1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Teresa L. TRIMBLE

22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR

DIVISION OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

"P+I" changes authorized by the state on 10/22/01.

4. a. Skilled Nursing Facility Care Services must have prepayment authorization before payment is made. Such authorization is initiated by the self-reliance specialist who secures consultation from the Department's nursing care reviewer to review for a medical decision as to eligibility for nursing facility services and authorization of payment (age 21 and older).
- b. Health Check - Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Services under Health Check are available to all MA recipients up to and including the month of their twenty-first (21st) birthday.
 - i. **EPSDT Services.** EPSDT services include diagnosis and treatment involving medical care within the scope of MA, as well as dental services, eyeglasses, and hearing aids, and such other necessary health care described in Section 1905(a) of the Social Security Act, and not included in the Idaho Title XIX State Plan as required to correct or ameliorate defects and physical and mental illness discovered by the screening service. The Department will set amount, duration and scope for services provided under EPSDT. Needs for services discovered during an EPSDT screening which are outside the coverage provided by the Rules Governing Medical Assistance must be shown to be medically necessary and the least costly means of meeting the recipient's medical needs to correct or improve the physical or mental illness discovered by the screening and ordered by the physician, nurse practitioner or physician's assistant. The Department will not cover services for cosmetic, convenience or comfort reasons. Any service requested which is covered under Title XIX of the Social Security Act that is not identified in these rules specifically as a Medicaid covered service will require preauthorization for medical necessity prior to payment for that service. Any service required as a result of an EPSDT screen and which is currently covered under the scope of the Idaho Medicaid program will not be subject to the existing amount, scope, and duration, but will be subject to the authorization requirements of those rules. The additional service must be documented by the attending physician as to why it is medically necessary and that the service requested is the least costly means of meeting the recipient's medical needs. Preauthorization from the Department will be required prior to payment as specified in the Medical Vendor Provider Handbook. Those services that have not been shown or documented by the attending physician to be the least costly means of meeting the recipient's medical needs are the responsibility to the recipient.

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4. b. ii. **Well Child Screens.** Periodic medical screens should be completed at the following intervals as recommended by the AAP, Committee in Practice and Ambulatory Medicine, September 1987. Physicians and physician extenders will be required to bill using the appropriate Physician's Current Procedural Terminology (CPT codes) under section "Preventive Medicine Services." EPSDT RN screeners will be required to bill using codes established by the Department, except when the EPSDT RN screener is an employee of a rural health clinic, Indian health clinic, or federally qualified health clinic. One (1) screen at or by age one (1) month, two (2) months, three (3) months, four (4) months, six (6) months, and nine (9) months. One (1) screen at or by age twelve (12) months, fifteen (15) months, eighteen (18) months, and twenty-four (24) months. One (1) screen at or by age three years, age four (4) years and age five (5) years. One (1) screen at or by age six (6) years, age eight (8) years, age ten (10) years, age twelve (12) years and age fourteen (14) years. One screen at or by age sixteen (16) years, age eighteen (18) years and age twenty (20) years. One screen at initial program entry, up to the recipient's twenty-first birthday. Interperiodic medical screens are screens that are done at intervals other than those identified in the basic medical periodicity schedule in section 537, and must be performed by physician or physician extender. Interperiodic screens will be required to be billed using the correct Physician's Current Procedural Terminology (CPT) under section "Evaluation and Management." Interperiodic screens will be performed when there are indications that are medically necessary to determine whether a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment. Interperiodic screening examinations may occur in children who have already been diagnosed with an illness or condition and there is indication that the illness or

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4. b. ii. condition may have become more severe or changed sufficiently, so that the further examination is medically necessary. Development screening is considered part of every routine initial and periodic examination. If the screening identifies a developmental problem then a developmental assessment will be ordered by the physician and be conducted by qualified professionals. EPSDT RN screeners will routinely refer all clients to primary care providers. EPSDT clients ages two (2) weeks to two (2) years shall receive at least one (1) of their periodic or inter-periodic screens annually from a physician or physician extender unless otherwise medically indicated. A parent or guardian may choose to waive this requirement. EPSDT RN screeners will refer clients for further evaluation, diagnosis and treatment to appropriate services; e.g., physician, registered dietitian, developmental evaluation, speech, hearing and vision evaluation, blood lead level evaluation. Efforts shall be made to assure that routine screening will not be duplicated for children receiving routine medical care by a physician.

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4. b iii. **EPSDT Rehabilitation Intensive Behavioral Interventions (IBI).** Intensive Behavioral Interventions are individualized, comprehensive, proven interventions used on a short term, one-to-one basis that produce measurable outcomes which diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interest. IBI is available only to children birth through age twenty-one (21) who have self-injurious, aggressive, or severely maladaptive behavior and severe deficits in the areas of verbal and non-verbal communication; or social interaction; or leisure and play skills. IBI is available in a developmental disability agency, Idaho public school districts or other public educational agencies. IBI services cannot exceed thirty (30) hours per week in combination with developmental therapy and occupational therapy in a developmental disability agency. IBI services are limited to a three (3) year duration in developmental disability agencies, and Idaho public school districts or other public educational agencies. After three (3) years the expectation is that these clients will be reassessed and transitioned into appropriate services.

A professional qualified to provide or direct the provision of Intensive Behavioral Intervention must have at least a bachelor's degree in psychology, special education, social work, applied behavior analysis, speech and language pathology, occupational therapy, physical therapy, deaf education, elementary education or a related field or be a Licensed Professional Counselor-Private Practice; and have Department approved training and certification which addresses course work, experience, ethical standards, continuing education and demonstrated competencies.

- iv. **Vision Services.** The Department will provide vision screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate vision screen. The guidelines coincide with certain scheduled medical screens, as specified in section 537 of these rules, the vision screen is considered part of the medical screening service; i.e., eye chart. The Department will pay for one (1) eye examination by an ophthalmologist or optometrist during any twelve (12) month period for each eligible recipient to determine the need for glasses to correct or treat

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4. b. iv. refractive error as outlined in Rules Governing Medical Assistance, IDAPA 16.03.09.122. Each eligible MA recipient, following a diagnosis of visual defects and a recommendation that eyeglasses are needed for correction of a refractive error, can receive one (1) pair of eyeglasses per year, except in the following circumstances: In the case of a major visual change, the Department can authorize purchase of a second pair of eyeglasses and can authorize a second eye examination to determine that visual change; or the Department may pay for replacement of lost glasses or replacement of broken frames or lenses. New frames will not be purchased if the broken frame can be repaired for less than the cost of new frames if the provider indicates one of these reasons on his claim. If repair costs are greater than the cost of new frames, new frames may be authorized.
- v. **Hearing Aids and Services.** The Department will provide hearing screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate hearing screen. The guidelines coincide with certain scheduled medical screens, in accordance with Rules Governing Medical Assistance, IDAPA 16.03.09.537, the hearing screen is considered part of the medical screening service. EPSDT hearing services will pay for audiology services and supplies ordered by a licensed physician and supplied by a physician or certified audiologist, in accordance with Section 108, with the following exceptions: When binaural aids are requested they will be authorized if documented to the Department's satisfaction, that the child's ability to learn would be severely restricted. When replacement hearing aids are requested, they may be authorized if the requirements in Rules Governing Medical Assistance, IDAPA 16.03.09.108.03.a. through 03.d. are met. The Department will purchase additional ear molds after the initial six (6) months to one (1) year period if medically necessary. Requests in excess of every six (6) months will require prior authorization and documentation of medical need from either the attending physician or audiologist.
- vi. **EPSDT Registered Nurse Screener.** A licensed professional nurse (RN) who is currently licensed to practice in Idaho, and who meets the following provisions: Can produce proof of completion of the Medicaid Child Assessment training course (or equivalent as approved by Medicaid) that: prepares the RN to identify the difference between screening, diagnosis, and treatment; and prepares the RN to appropriately screen and differentiate between normal and abnormal findings; includes at least five (5) days didactic instruction

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4. b. vi. in child health assessment, accompanied by a component of supervised clinical practice; is employed by a physician, district health department, rural health clinic, Indian health clinic, or federally qualified health clinic in order to provide linkage to primary care services; the employers must have a signed Medical Provider Agreement and provider number; and has established agreement with a physician or nurse practitioner for consultation on an as-needed basis.

vii. **Private Duty Nursing Service (PDN).** PDN service provided by a nurse licensed to practice in Idaho to certain eligible children for whom the need for such service has been identified in an EPSDT screen. Private Duty Nursing services are nursing services provided by a licensed professional nurse or licensed practical nurse to a non-institutionalized child under the age of twenty-one (21) requiring care for conditions of such medical severity or complexity that skilled nursing care is necessary. The nursing needs must be of such a nature that the Idaho Nursing Practice Act, Rules, Regulations, or Policy require the service to be provided by an Idaho Licensed Professional Nurse (RN), or by an Idaho Licensed Practical Nurse (LPN), and require more individual and continuous care than is available from Home Health nursing services. PDN services must be authorized by the Department to delivery of service.

(a) PDN Services must be ordered by a physician, and include: a function which cannot be delegated to an Unlicensed Assistive Personnel (UAP) as defined by Idaho code and Administrative Rules of the Idaho State Board of Nursing. An assessment by a licensed professional nurse of a child's health status for unstable chronic conditions, which includes: a medical status that is so complex or unstable, as determined by the attending physician, that licensed or professional nursing assessment is needed to determine the need for changes in medication or other interventions; or a licensed or professional nursing assessment to evaluate the child's responses to interventions or medications.

(b) PDN services may be provided only in the child's personal residence or when normal life activities take the child outside of this setting. However, if service is requested only to attend school or other activities outside of the home, but does not need such services in the home, private duty nursing will not be authorized. The following are specifically excluded as personal residences: Licensed Nursing Facilities (NF); and Licensed Intermediate Care Facilities for the Mentally

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4. b. vii. (b) Retarded (ICF/MR); and Licensed Residential Care Facilities; and Licensed Hospitals; and public or private school.
- (c) Services delivered must be in a written plan of care, and the plan of care must: be developed by a multi-disciplinary team to include, at a minimum, the parent or legal guardian, the primary PDN RN or RN Supervisor and a representative from the Department; include all aspects of the medical, licensed, and personal care services medically necessary to be performed including the amount, type, and frequency of such service; and must be approved and signed by the attending physician, parent or legal guardian, and primary PDN RN or RN supervisor, and a representative from the Department; must be revised and updated as the child's needs change or upon significant change of the condition, but at least annually, and must be submitted to the Department for review and prior authorization of service.
- (d) Status Updates must be completed every ninety (90) days from the start of services. The Status Update is intended to document any change in the child's health status. Annual plan reviews will replace the fourth quarter Status Update. The Status Update must be signed by both the parent or legal guardian and the primary RN Supervisor completing the form.
- viii. Redetermination Annually. Redetermination will be at least annually. The purpose of annual redetermination for PDN is to: Determine if the child continues to meet the PDN criteria in Rules Governing Medical Assistance, IDAPA 16.03.09.545. Assure that services and care are medically necessary and appropriate.
- ix. Factors Assessed for Redetermination. Factors assessed for redetermination include: The child is being maintained in their personal residence and receives safe and effective services through PDN services. The child receiving PDN services has medical justification and physician's orders. That there is an updated written plan of care signed by the attending physician, the parent or legal guardian, PDN RN supervisor, and a representative from the Department. That the attending physician has determined the number of PDN hours needed to ensure the health and safety of the child in his home.

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4. b. x. Primary RN responsibility for PDN redetermination. Primary RN responsibility for PDN redetermination is to submit a current plan of care to the Department at least annually or as the child's needs change. Failure to submit to an updated plan of care to the Department prior to the end date of the most recent authorization will cause payments to cease until completed information is received and evaluated and authorization given for further PDN services. The plan of care must include all requested material outlined in Rules Governing Medical Assistance, IDAPA 16.03.09.545.03.a. through d.
- xi. Physician Responsibilities. Physician responsibilities include: Provide the Department the necessary medical information in order to establish the child's medical eligibility for services based on an EPSDT screen. Order all services to be delivered by the private duty nurse. Review, sign, and date child's Medical Plan of Care and orders at least annually or as condition changes. Determine if the combination of PDN Services along with other community resources are sufficient to ensure the health or safety of the child. If it is determined that the resources are not sufficient to ensure the health and safety of the child, notify the family and the Department and facilitate the admission of the child to the appropriate medical facility.
- xii. Private Duty Nurse Responsibilities. RN supervisor or an RN providing PDN services responsibilities include: Notify the physician immediately of any significant changes in the child's medical condition or response to the service of delivery. Notify the Department within forty-eight hours or on the first business day following a weekend or holiday of any significant changes in the child's condition or if the child is hospitalized at any time. Evaluate changes of condition. Provide services in accordance with the nursing care plan. Private Duty Nurse ensures copies of records are to be maintained in the child's home. Records of care must include: The date. Time of start and end of service delivery each day. Comments on child's response to services delivered. Nursing assessment of child's status and any changes in that status per each working shift. Services provided during each working shift. The Medical Plan of Care signed by the physician, primary RN, the parent or legal guardian and a representative from the Department. In the case of LPN providers, document that oversight of services by an RN is in accordance with the Idaho Nursing Practice Act and the rules and policies of the Idaho Board of Nursing. RN Supervisor visits

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4. b. xii. must occur at least once every thirty (30) days. Notify the physician if the combination of Private Duty Nursing Services along with other community resources are not sufficient to ensure the health or safety of the child.
- xiii. Nutritional services include intensive nutritional education, counseling, and monitoring by a registered dietician or an individual who has a baccalaureate degree granted by a U.S. regionally accredited college or university and has met the academic/professional requirements in dietetics as approved by the American Dietetics Association to assure the patient's proper nutrition is allowed. Payment is made at a rate established in accordance with Rules Governing Medical Assistance, IDAPA 16.03.09.106.06. Nutrition services must be discovered by the screening services and ordered by the physician; must be medically necessary; must not be due to obesity, and, if over two (2) visits per year are needed, must be authorized by the Department prior to the delivery of additional visits.
- xiv. Drugs not covered by the Idaho Medicaid Program must be discovered as being medically necessary by the screening services; and must be ordered by the physician and must be authorized by the Medicaid Program prior to purchase of the drug.
- xv. Oxygen and related equipment are covered when the medical need is discovered during a screening service and is physician ordered. PRN oxygen or oxygen as needed on less than a continual basis will be authorized for six (6) months following receipt of medical documentation from the attending physician as to an acute or chronic medical condition which requires oxygen support to maintain respiratory status. Medical documentation will include a diagnosis, oxygen flow rate and concentration, and an estimate of the frequency and duration of use. Portable oxygen systems may be ordered to compliment a stationary system if the recipient is respirator dependent, or the attending physician documents the need for a portable oxygen system for use in transportation. Laboratory evidence for hypoxemia is not required under the age of six (6) months.
- xvi. Respiratory Care Services: are not currently provided under the Idaho State Plan but are made available to EPSDT recipients.

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4. b. xvii. The following State Plan limitations will not apply to any eligible Medicaid child being served in Idaho under the EPSDT program. Idaho's list of services which are not currently provided or are limited under the Idaho State Plan, but are available to EPSDT recipients if discovered by the screening service and are found to be medically necessary. All services outside the Idaho State Plan will require prior authorization by the Department.
- (a) OUT-PATIENT HOSPITAL SERVICES: Limit of six (6) emergency room visits will be waived for EPSDT recipients.
 - (b) PHYSICIAN SERVICES: Limit of twelve (12) hours of psychiatric evaluations and maximum of forty-five (45) hours of psychotherapy in any twelve (12) month period will be waived for EPSDT recipients.
 - (c) HOME HEALTH SERVICES: Limit of one-hundred (100) visits per calendar year will be waived for EPSDT recipients.
 - (d). REHABILITATIVE SERVICES - DEVELOPMENTAL DISABILITIES AGENCIES: Limit of twelve (12) hours reimbursable time allowed for the combination of all evaluations or diagnostic services; limit of two-hundred (200) treatment sessions per calendar year of speech and hearing therapy; limit of maximum of thirty (30) hours per week of developmental and occupational therapy will be waived for EPSDT recipients.
 - (e) CLINICAL SERVICES - MENTAL HEALTH CLINICS: Limit of twelve (12) hours for a combination of any evaluative or diagnostic services per calendar year; limit of fifty-six (56) hours per week of partial treatment will be waived for EPSDT recipients.
 - (f) CLINIC SERVICES - DIAGNOSTIC SCREENING CLINICS: Limit of no more than five (5) hours of medical social services per recipient in each state fiscal year will be waived for EPSDT recipients.
 - (g) PERSONAL CARE SERVICES - UNDER EPSDT: Must be in excess of sixteen (16) hours of service per week.
 - (h) PROSTHETIC AND ORTHOTIC SERVICES: Limit of one refitting, repair or additional parts in a calendar year will be waived for EPSDT recipients.

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